

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-043849

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

316

Primary Registration District No.

3059

Registrar's No.

476

STATE FILE NUMBER

FILED NOV 20 1962

## 1. PLACE OF DEATH

## a. COUNTY

St. Francois

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN

Bonne Terre

## Length of stay in 1b

14 days

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

Bonne Terre Hospital

## Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

## a. STATE

Mo

## b. COUNTY

St. Francois

c. CITY  
OR TOWN

Flat River Mo

## Inside Limits

Yes ☒ No ☐d. STREET  
ADDRESS

204 Roosevelt

## Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

Jane

## First

(Niece)

## Middle

Hahn

## Last

4. DATE  
OF DEATH

Month

Nov

Day

8

Year

1962

## 5. SEX

Female

## 6. COLOR OR RACE

white

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

1/29/19

## 9. AGE (last birthday)

83

## IF UNDER 1 YEAR

Months

Days

Hours

Min.

## IF UNDER 24 HR

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

## 10b. KIND OF BUSINESS OR INDUSTRY

## 11. BIRTHPLACE (City and state or country)

Yount (Perry County) Mo.

## 12. CITIZEN OF WHAT COUNTRY

U.S.A

## 13a. FATHER'S NAME

Joseph Neece

## 13b. MOTHER'S MAIDEN NAME

Mary Jane Mullins

## 14. NAME OF HUSBAND OR WIFE

John Lemuel Hahn

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)

no

## 16. SOCIAL SECURITY NO.

—

## 17. INFORMANT

John L. Hahn, Flat River, Mo.

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Arteriosclerotic heart disease

INTERVAL BETWEEN ONSET AND DEATH

1 yr.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

## DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

## 21. I attended the deceased from 1960 to Nov 8, 1962 and last saw her alive on Nov 8, 1962

## Death occurred at 5 A m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

J. L. Foster MD

## 22b. ADDRESS

Drexel Mo.

## 22c. DATE SIGNED

11-10-62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

burial

## 23b. DATE

11/11/62

## 23c. NAME OF CEMETERY OR CREMATORY

Hillview Memorial Gardens

## 23d. LOCATION (City, town, or county)

Farmington

## (State)

Mo.

## 24. FUNERAL DIRECTOR

Alvin W. Hood

## ADDRESS

Flat River, Mo

## 25. DATE RECD. BY LOCAL REG.

Nov. 10, 1962

## 26. REGISTRAR'S SIGNATURE

Esther Rudloff

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

VS 300  
Rev. 4/59

6941

20942

3

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5

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94200

10

11

12 1-0

13 1-0

NOV 26 1962

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Robert W. Hood

Licensed Embalmer No. 2780

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.